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NOTE ON THE IMPLEMENTATION OF THE UNFPA SPECIAL PROGRAMME OF ASSISTANCE TO MYANMAR

Report of the Executive Director

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I. INTRODUCTION

1. In decision 2001/17, the UNDP/UNFPA Executive Board approved a special programme of assistance to Myanmar in the amount of $12 million from regular resources and $4 million from other resources, and requested the Executive Director to report annually to the Executive Board at its annual session on its implementation. The programme is designed to respond to the urgent reproductive health needs of the poorest and most vulnerable segments of the population. It aims to prevent HIV/AIDS and other sexually transmitted infections (STIs), improve the health of youth and adolescents, and reduce high levels of maternal mortality. The programme also supports the collection and analysis of data to better understand the reproductive health and HIV/AIDS situation in Myanmar and to provide the basis for monitoring and evaluating programme results.

2. The focus of the programme shifted from a birth-spacing approach to an integrated reproductive health approach. By the end of 2005, programme coverage is expected to increase to 100 townships (from 72 townships in 2001), in order to reach the most vulnerable groups of the population in rural and remote areas. The UNFPA programme is coordinated with the programmes of UNDP and the United Nations Children's Fund (UNICEF) to ensure complementarity with United Nations partner agency programmes in reproductive health.

3. In 2003, the UNFPA country office implemented eight projects totalling $2,287,624. The programme supported areas such as reproductive health, information and education for behaviour change, reproductive health data analysis, prevention of HIV/AIDS for targeted populations, adolescent reproductive health and programme support services. This was undertaken in collaboration with the UNFPA Country Technical Services Team (CST) in Bangkok, Thailand, United Nations agencies, and international and national non-governmental organizations (NGOs).

II. PROGRESS IN IMPLEMENTING THE PROGRAMME

4. In line with the country office typology for Myanmar, the UNFPA chief of operations was formally designated UNFPA Representative in May 2003. Subsequently, eight national staff members were appointed to core positions and an additional six staff were appointed to programme posts. Two Junior Professional Officers, from Japan and Sweden, also joined the office.

5. Representatives from UNFPA headquarters, the UNFPA CST in Bangkok and the executing and implementing agencies of the special programme of assistance to Myanmar attended the annual programme review in November 2003. The review noted that the programme had made considerable progress towards attaining the UNFPA multi-year funding framework goals and the Millennium Development Goals. Factors that impacted negatively on the implementation of the programme included the banking crisis in February 2003, when banks limited their payments to approximately $500 per week; the fluctuations of local currency

against the United States dollar; and the sanctions imposed on Myanmar by the donors due to the imprisonment of political leaders.

Data collection and analysis

6. The preliminary report of the 2001 fertility and reproductive health survey was printed and distributed during January-March 2003. UNFPA then assisted in preparing the full report of the survey, which was presented in a dissemination workshop in June 2003. UNFPA, in collaboration with the Population Council, also carried out an in-depth analysis of selected population and reproductive health issues and disseminated the findings in December 2003. Through these efforts, UNFPA was able to develop a reliable and up-to-date database for population and reproductive health policy, planning and management that was available to all United Nations agencies and other development partners working in Myanmar. UNFPA also initiated a study on gender issues based on data from the 2001 fertility and reproductive health survey.

7. The analysis of the baseline data collected prior to the commencement of the UNFPA special programme of assistance to Myanmar was completed during the first half of 2003. This enabled the country office to monitor the progress of programme interventions and measure their impact.

Strengthening reproductive health services

8. Enhancing the knowledge of service providers on reproductive health issues and achieving a better quality of service were major concerns during the reporting period. While some progress had been made in the previous year, the review and revision of existing reproductive health training manuals and protocols intensified in 2003, in collaboration with the World Health Organization (WHO) office in Myanmar, and included elements of safe motherhood, quality of care and adolescent reproductive health. Similarly, the programme made available a reproductive health manual for private general medical practitioners and information booklets for those dispensing drugs and medicines.

9. Training activities continued during the implementation of the project at central, state and division, and townships levels. These training activities targeted service providers working in health-service delivery networks as well as private general practitioners. Monitoring data suggested that as a result of these training activities, staff capacity was strengthened sufficiently to provide quality reproductive health services to the community.

10. As the only United Nations agency in Myanmar providing reproductive health commodities to township-level hospitals and rural health centres, the UNFPA country office procured contraceptives, essential reproductive health drugs, drugs to treat STIs and basic reproductive health equipment for rural health centres.

11. Efforts to expand services for adolescents and youth continued during the reporting period. Seven adolescent reproductive health "corners" were established in selected rural health centres, where adolescents and youth receive information, education and counselling services on reproductive health issues. Other approaches to reaching adolescents and youth were initiated under a separate adolescent reproductive health project.

Sexual and reproductive health for adolescents and youth

12. The implementation of the adolescent reproductive health project began in collaboration with the International Planned Parenthood Federation (IPPF) and Marie Stopes International, Australia. In 2003, the project established 10 youth centres, and over 2,500 youth became members of these centres. In addition, the project conducted seminars on health-related topics, including adolescent reproductive health, for approximately 1,500 students in selected schools.

13. The adolescent reproductive health project also provided leadership training to selected youth leaders to strengthen their skills in decision-making, leadership, community organization, teamwork and planning. The topics and methodologies of this training will be incorporated into the training of youth leaders under several other projects. The project also supported youth education on adolescent reproductive health, including gender equality and the prevention of STIs and HIV/AIDS, through youth camps held in five states. Over 300 youth participated in these camps.

Prevention of HIV/AIDS

14. The project on HIV/AIDS is carried out in partnership with Population Services International (PSI). Preparatory activities were completed and procurement orders for condoms and drugs to prevent STIs were placed. The project conducted advocacy meetings and trained township medical officers on the "100 per cent condom use programme". To further strengthen HIV/AIDS prevention activities in programme townships, the country office secured funding from the Fund for HIV/AIDS in Myanmar to address the following areas: (a) sexual transmission of HIV; (b) awareness creation; and (c) prevention of mother-to-child transmission of HIV.

15. The project conducted educational activities using face-to-face communication and printed materials. HIV/AIDS information booths were established in several rural health centres. In order to prevent mother-to-child transmission of HIV, the project chose priority townships and made arrangements to procure test kits and antiretroviral drugs.

Strengthening behaviour change communication

16. The project employed two structures to deliver information and education for behaviour change at the community level: the existing health infrastructure and the networks of an NGO, the Myanmar Maternal and Child Welfare Association.

17. Through the health structure, the project trained basic health staff, community support groups, village health workers, adolescents and youth volunteers in the community. The trained health staff and community volunteers then engaged in outreach activities through community health talks, peer education and interpersonal communication sessions. As a result, village health committees were more supportive and committed to the reproductive health programme.

18. During the reporting period, the project held advocacy meetings in nine townships; trained basic health staff in seven townships; and trained youth volunteers in two townships. Volunteers were trained to deliver appropriate messages on reproductive health and HIV/AIDS to target groups in the community, especially high-risk groups. Trained youth volunteers conducted reproductive health education and outreach activities in the community, reaching more than 1,200 youth and adults in two townships.

19. To effectively utilize the networks of the Myanmar Maternal and Child Welfare Association, training on communication skills and the use of information, education and communication (IEC) materials was incorporated into the regular reproductive health training of the association. By the end of the project cycle in 2005, the project expects to reach 100 townships.

20. During the reporting period, achievements in training community volunteers included: (a) first-level training for 195 core trainers on IEC and behaviour change communication (BCC); and (b) second-level training for 585 township-level trainees. The township-level trainees conducted a large number of outreach activities. By the end 2003, the project had reached over 3,000 community members through face-to-face communication methods.

III. MONITORING PROGRAMME IMPLEMENTATION

21. The UNFPA country office and the executing and implementing agencies monitored programme implementation based on agreed outputs and indicators. Weekly programme meetings, quarterly meetings of project coordination committees and the annual programme review were some of the mechanisms used to monitor programme implementation.

22. The UNFPA country office instituted three methods of field-level monitoring. The first method included monitoring by UNFPA officers and staff from counterpart agencies. In 2003, UNFPA staff and their counterparts undertook 55 monitoring visits. A team of dedicated field officers conducted the second method of monitoring. These officers were based in Yangon but spent approximately 20 days each month monitoring field-level activities. The third method included monitoring by field-based staff. In 2003, 10 field-based staff at the youth centres were responsible for reporting and for coordinating youth centre activities.

23. The reports of all three methods of monitoring were compiled quarterly and used for planning and decision-making. The monitoring data revealed that in some areas, trained field staff still lacked sufficient skills to perform their tasks efficiently. To address this problem, the

UNFPA country office and its partners mobilized trainers to provide further on-the-job training for field staff, based on agreed guidelines.

24. The banking crisis that affected the country for three months beginning in February 2003, slowed down the rate of programme implementation, as funds could not be disbursed to partner agencies. The UNFPA country office and its partners exerted extra efforts in subsequent months to get programme implementation back on track.

IV. UNFPA PARTNERS

25. The UNFPA country office implements the special programme of assistance to Myanmar in collaboration with United Nations agencies as well as with international and national NGOs. WHO executes the UNFPA-supported project in reproductive health and trains service providers, revises training manuals and develops service delivery protocols. IPPF and Marie Stopes International; PSI; and the Japanese Organization for International Cooperation in Family Planning (JOICFP) execute and implement the adolescent reproductive health, HIV/AIDS and behaviour change communication projects, respectively. Three national NGOs – the Myanmar Medical Association, the Myanmar Maternal and Child Welfare Association and the Myanmar branch of Marie Stopes International – are implementing programme activities in rural and remote areas.

26. The country office participates actively in United Nations country team activities, including the development of the United Nations Development Assistance Framework for Myanmar, vulnerability mapping and the implementation of the Joint Programme on HIV/AIDS: Myanmar, 2003-2005.

V. BUDGET AND EXPENDITURE

27. The country office was able to achieve an implementation rate of nearly 100 per cent of its 2003 expenditure ceiling of $2.28 million. In 2003, the office spent 49 per cent of the annual programme budget to procure reproductive health commodities; 16 per cent for personnel, including travel costs for monitoring visits; 15 per cent for subcontracts; 13 per cent to train service providers; and 7 per cent for miscellaneous costs.

28. UNFPA obtained additional resources for the programme. The Bill and Melinda Gates Foundation provided $108,349 for reproductive health commodities; the Packard Foundation made available $72,300 for the behaviour change communication project executed by JOICFP; the Population Council provided $34,000 for technical assistance in data analysis; and the Fund for HIV/AIDS in Myanmar provided $360,000. These extra resources contributed to the effective implementation of the UNFPA special programme of assistance to Myanmar.

VI. THE WAY FORWARD

29. With the completion of all preparatory activities, the UNFPA country office plans to accelerate the programme implementation rate in 2004. The programme will focus on improving the quality and scope of reproductive health services through improved training programmes and training manuals. Programme monitoring will be carried out more systematically to ensure consistent and high-quality service delivery. Furthermore, the country office will explore the possibility of expanding reproductive health service delivery through international NGO networks to make reproductive health services more accessible in rural and remote areas. A midterm review of the programme will be conducted in 2004; thereafter, a new programme for 2006-2009 will be formulated.

VII. RECOMMENDATION

30. **The Executive Board may wish to take note of the present report (DP/FPA/2004/11).**